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May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07103 (5)
1. Corporation Name
ROADWAY EXPRESS, INC.



Principal Place of Business
1077 GORGE BOULEVARD
PO BOX 471
AKRON OH 44309-0471

Mailing Address
1077 GORGE BOULEVARD
PO BOX 471
AKRON OH 44309-0471

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 34-0492670	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	DOYLE, F.P.	1.2 NAME	D.F. FREY
STREET ADDRESS	1077 GORGE BLVD	1.3 STREET ADDRESS	1077 GORGE BLVD.
CITY-ST-ZIP	AKRON OH	1.4 CITY-ST-ZIP	AKRON, OH
TITLE	D	2.1 TITLE	
NAME	MEEK, P.J.	2.2 NAME	
STREET ADDRESS	1077 GORGE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	
NAME	MERCER, R.E.	3.2 NAME	
STREET ADDRESS	1077 GORGE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	WICKHAM, M. W.	4.2 NAME	
STREET ADDRESS	1077 GORGE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SCHAFER, C.W.	5.2 NAME	
STREET ADDRESS	1077 GORGE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SWORD, W SR	6.2 NAME	
STREET ADDRESS	1077 GORGE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)